2000 UNIFORM BUSINESS REPORT (UBR)

Sep 11, 2000 08:00 AM DOCUMENT # P14134 1. Entity Name **Secretary of State** NIKE, INC. Principal Place of Business Mailing Address ONE BOWERMAN DRIVE ONE BOWERMAN DRIVE BEAVERTON or BEAVERTON OR 970056453 970056453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 93-0584541 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION \mathbf{FL} 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 09/11/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VΡ TITLE AS Delete X Change ☐ Addition ANDREW MOONEY NAME COBURN JOHN FШ STREET ADDRESS ONE BOWERMAN DR STREET ADDRESS ONE BOWERMAN DR CITY-ST-ZIP OR 970056453 BEAVERTON CITY-ST-ZIP BEAVERTON 970056453 TITLE VΡ ☐ Delete TATLE ☐ Change ☐ Addition NAME HAMILI. CLARE T. NAME STREET ADDRESS ONE BOWERMAN DR STREET ADDRESS CITY-ST-ZIF BEAVERTON OR 970056453 CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME DESTEFANO GARY NAME STREET ADDRESS ONE BOWERMAN DR STREET ADDRESS CITY-ST-ZIP BEAVERTON OR 970056453 CITY-ST-ZIP TITLE ☐ Defete VP TITLE ☐ Change ☐ Addition NAME CAVA JEFFREY NAME ONE BOWERMAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEAVERTON OR 970056453 CITY-ST-ZIP TITLE PCOO ☐ Delete TITLE Change ☐ Addition NAME CLARKE THOMAS STREET ADDRESS ONE BOWERMAN DR STREET ADDRESS CITY-ST-ZIP BEAVERTON OR 970056453 CITY-ST-ZIP TITLE CEO ☐ Delete TITLE Change ☐ Addition NAME KNIGHT PHILIP NAME STREET ADDRESS ONE BOWERMAN DR STREET ADDRESS CITY-ST-ZIP BEAVERTON OR 970056453 CITY-ST-7/8

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

FILED